

FIRE PERMIT APPLICATION

BUILDING INSPECTION, PO BOX 40, ROOM 118 CHESTERFIELD VA 23832

Office: 804-748-1057; Fax: 804-751-4713; www.chesterfield.gov/bi

Fire Inspection Scheduling: 804-748-1489

Please Call our IVR System for Fire Inspection Results: 804-751-4444

PERMIT#:	
ASSOCIATED PERMIT #:	

	WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CIRCLI	E): RESIDENTIAL	COMMERCIAL			
	WHAT TYPE OF IMPROVEMENT WILL BE MADE ? PLEASE DESCRIBE:					
NOIL						
DESCRIPTION						
WORK						
ID	CONTRACTOR NAME:	CONTRACTOR ID #:	CONTRACTOR'S PHONE:			
CT	PRIMARY CONTACT PERSON:	·	CONTACT'S PHONE:			
CONTACT	CONTACT'S E-MAIL ADDRESS (IF YOU WOULD LIKE FOR US TO CONTACT YOU BY E-MAIL	_);				
CO	CONTINUE OF MARKET DE MODEL EINE FOR OUT OUT OUT TOU BY E-MAIL.					
	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):	OWNER PHONE #:				
ER	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME JOB LOCATION):					
OWNER						
	PROPERTY OWNER CITY/STATE/ZIP (SKIP, IF MAILING ADDRESS IS THE SAME AS JOB LOCATION):					
	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/STREET TYPE OR SUBDIVISION LOT/BLOCK/SECTION):					
Ö		TENANTANAS				
B INFO	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME?	TENANT NAME:				
JOB	(COMMERCIAL PROJECTS ONLY) PLEASE CIRCLE PAYMENT OPTION, IF APPLICABLE :	IDT#FOR DEFERRED PA	AYMENT-SCHOOL BOARD/UTILITIES			
	ENTERPRISE ZONE COUNTY PROJECT	ONLY:				
Щ	WHAT IS THE ESTIMATED COST OF FIRE ALARM/SUPPRESSION WORK		EST. COST OF FIRE WORK ONLY:			
FIRE	ONLY (materials and labor)? Do not include the cost of struct electrical or other auxiliary work in this estimate.	\$				

	APPLICANT NAME (PLEASE PRINT):					
	APPLICANT NAME (PLEASE PRINT):					
_						
A	REPRESENTING (NAME OF COMPANY):					
APPLICANT						
Ы						
A	APPLICANT SIGNATURE:				DATE:	
	Complete this section only if you are an OWNER doing your own work,					
	and are not subject to licensure as a contractor or subcontractor.					
	·					
	If you are an owner and intend to do					
	certifying that you are the owner of the					
	are not subject to licensing as a control obtaining the permit in your name ma					
╘	compliance with applicable state and					
A	signature of a person who witnessed					
<u>⊟</u>	with Section 54.1-1111 of the Code of					
AFI				•		
유.	I, as the owner, will be responsible fo	•			•	
OWNER AFFIDAVIT	compliance with all state laws regular ordinances.	ung bullaing co	instruction and	use, and compliance w	ith all county	
ŏ	OWNER'S SIGNATURE:		DATE:	PLEASE PRINT OWNER NAME LE	ECIRALI V	
	owners districte.		DATE.	TEENOET KINT OWNER TO WILL EN	I SIBALET.	
	I, as a witness, saw the owner of this				rtifying that he is	
	not subject to licensure as a contract	or or subcontra	actor in the state	e of Virginia.		
	WITNESS' SIGNATURE:		DATE:	PLEASE PRINT WITNESS' NAME L	EGIBALLY:	
	FIRE PERMIT FEE:				2/6/2006 12:11 PM	
	\$					
	OTHER FEE:					
ΓY	\$					
ON	ASSOCIATED CREDIT CARD FEE:					
USE	\$					
	STATE LEVY:					
CE	\$					
OFFICE	TOTAL PERMIT FEE:					
0	\$					
	CASHIER: CHECK#: DATE:					